									10/621749					
								Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003									14.42.033B					
		CLAIMS AS		FILED - PART I (Column 1) (Column			SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			J.J				RAT	E	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	375.00	OR	BASIC FEE	750.00		
TOTAL CHARGEABLE CLAIMS			= minus 20		*.).		X\$ 9	X\$ 9=		OR	X\$18=	•		
INDEPENDENT CLAIMS				nus 3 =	*	_		X42=		OR	X84=			
MU	LTIPLE DEPEN	DENT CLAIM P	RESENT	,			+140	+140=		OR				
* If the difference in column 1 is less than zero, enter "0" in column 2 T-(1-05 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							TOTA	۱L	393	OR	TOTAL			
_	اعہ یں 1	LAIMS AS A		,			OTHER							
	1-11-05	(Column 1) CLAIMS		(Colur		(Column 3)	SMA		ADDI-	OR	SMALL			
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO	BER DUSLY	PRESENT EXTRA	RAT	RATE T			RATE	ADDI- TIONAL FEE		
	Total	. 13	Minus	# Q	0	=	X\$ 9	X\$ 9=		OR	X\$18=			
	Independent	*	Minus	*** 3		=	X42	X42=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140) <u>=</u>		OR	+280=/			
								TAL		ΛP	TOTAL			
		(Column 1)	·	(Colu	mn 2)	(Column 3)	ADDIT. I	EE		J~''	ADDIT/FEE			
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	KEST BER OUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		5	X\$ 9	=		OR	X\$18=			
	Independent	*	Minus	***	CL AIL	-	X42	=		OR	X84=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140)=		OR	+280=			
								TAL		OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)										-				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	##		=	X\$ 9	=		OR	X\$18=			
	Independent	*	Minus	***		s	X42	_		OR	X84=			
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM													
* 1	If the entry in colu	mn 1 is less than t	he entry in coli	ımın 2. writ	e "0" in co	ilumn 3.	+140			OR	+280=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."														
	The "Highest Num	nber Previously Pa	id For" (Total o	r independ	ient) is the	e highest number	found in th	e ap	propriate bo	x in co	olumn 1.			

FORM PTO-875 (Rev. 12/02)

*U.S. Government Printing Office: 2003 -- 498-278/69151

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